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## CITY OF LAS VEGAS STATEMENT OF FINANCIAL DISCLOSURE

## Filing Deadlines:

Public Officers - March 31 for the preceding calendar year
Appointees Filling Vacancies of Public Officers - Within 30 Days of
Appointment and March 31 for the preceding calendar year
Public Board Members/Certain Appointed Public Employees - Within 30 Days of
Appointment and March 31 for the preceding calendar year
Candidates - No later than the 10th day after the last day to file as a candidate

## (Read Information/Instruction Sheet Before Beginning)

UPON FILING WITH THE CITY CLERK. THIS DOCUMENT IS CONSIDERED PUBLIC INFORMATION

	•	
1.	Name Charles & Schneider Telephone: Bus.) 598-1629 (Hm.)	
	(This is a public document - If home phone is unlisted - do not inc	lude)
2.	Addres	
3.	Length of residence in Nevada 5 Vas Length of residence in Clark Cou	nty 5 425
<b>4</b> .	Precinct in which registered to vote 4038 (If unknown,	please call 229-6311)
may s	se check the appropriate box: (If you serve in more than one office for which financial dissimply copy this page as often as necessary and attach the appropriate information for offormation required in item Nos. 8 through 15 remains the same.)	
5.	I am filing this statement for an:   Appointed position   Elected	position
6.	This filing is my: ☐ Initial Appointee Filling Vacancy ☐ Annual	□ Candidate
Piea	se complete this section in its entirety:	
7a.	Appointed or Elected Office sought/held	9 1
b.	Address of Appointed or Elected Office 400 E STEWART	
C.	Date term of Appointed or Elected Office began or will begin	
d.	Date term of Appointed or Elected Office ends or will end	
e.	If appointed, name of appointing authority	2007
f.	If appointed, date appointing authority's term ends $\mathcal{N}/\mathcal{C}$	833 725 735 750
	(Page 1 of 4)	CLERK
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8. List the business entity name, name of all partners or associates, principal address and general description of the business activity of any business entity conducting business with the City or within the County of Clark in which you or your spouse has had a direct financial interest at anytime during this filing period. (Note: See LVMC 2.51.070(E)(4) and definition of "business entity", and "interest," LVMC 2.51.020(A) & (D). Employees of a business entity are deemed to have a direct or indirect interest in such business entity and if applicable, employers should be listed.) IF NONE, PLEASE NOTE BELOW.

BUSINESS ENTITY NAME	NAME OF PARTNERS OR ASSOCIATES	PRINCIPAL ADDRESS	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
NONE			
1			

(Attach additional sheets if necessary)

9. Have you received any gifts having a value of \$100 or more during the period January 1 to December 31 of the previous year which require disclosure? Exceptions: Gift does not include campaign contributions, invitations to political fund-raisers, public service awards, gifts from certain family members, or reasonable hosting expenses furnished in connection with matters reasonably relating to official City business. (Note: The receipt of some gifts having a value of \$250 or more is prohibited. See LVMC 2.51.040(I) & 2.51.020(C). Additionally, multiple gifts from the same person during this time frame are considered cumulative for reporting purposes.)

If yes, list the source of each gift including the name and address of the donor, the value of the gift, the description of the gift and the date on which the gift was received if the donor does business with the City by appearing before the City Council or appears on cash disbursement lists presented to the City Council. IF NO. PLEASE NOTE BELOW.

SOURCE OF EACH GIFT INCLUDING DONOR NAME & ADDRESS	GIFT VALUE	GIFT DESCRIPTION	DATE OF RECEIPT
NONE			

(Attach additional sheets if necessary)

10. Disclose the source or sources of each loan to whom you or a member of your household owes \$5,000.00 or more. Exceptions: Loan does not include: the mortgage on your residence, a loan for the purchase of an automobile for private use, a debt secured by mortgage or deed of trust for land located strike of the

(Page 2 of 4)

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52

City of Las Vegas which is not required to be listed in No. 11, or a revolving balance on a credit or debit card. See LVMC 2.51.070(E)(6). (Note: Only the source of the loan must be reported, not the amount.) IF NONE, PLEASE NOTE BELOW.

SOURCE OR SOURCES OF LOAN	DEBTOR (YOU OR MEMBER OF HOUSEHOLD)
NONE	

(Attach additional sheets if necessary)

11. List all real property or interest therein (except your personal residence), including options to purchase, located in the City, the State of Nevada or any adjacent state, whether that real property is owned outright or held in whole or in part under a corporation or partnership. The list must include, with respect to each parcel of real property or interest therein, the following: The specific location of the parcel, including the county assessor's parcel number, if one has been assigned or, otherwise, a legal description of the parcel; any particular use to which the property is being put; the name, if any, by which the property is commonly known; and, the names of all persons or entities who share an ownership or other interest in the property. ALL COLUMNS MUST BE COMPLETED. See LVMC 2.51.070(E)(7). IF NONE, PLEASE NOTE BELOW.

PARCEL'S SPECIFIC LOCATION	PARCEL'S SPECIFIC LOCATION			NAMES OF ALL PERSONS/ ENTITIES WHO
<u>ADDRESS</u>	ASSESSOR PARCEL # OR LEGAL DESCRIPTION	PROPERTY USE	COMMON NAME OF PROPERTY, IF ANY	SHARE OWNERSHIP OR OTHER INTEREST
NONE				

(Attach additional sheets if necessary)

12. Disclose <u>each source</u> of your income, or that of any member of your household who is 18 years of age or older. No listing of individual clients or customers is required, but if this is the case, a general source such as "professional services" must be disclosed. (Note: Only the source of the income must be reported, not the amount, but you must distinguish each family member's income source.) Example: SELF: Salary-City of Las Vegas, SELF: Retirement/Income-US Navy. SPOUSE:- Salary - XYZ Credit Union. See LVMC 2.51.070(E)(8).

WHOSE (SELF AND HOUSEHOLD MEMBERS)	SOURCE
SEIF	RETIREMENT INCOME
Self	RENTAL INCOME
State of Godfmarks good SEIF	SECURITY UNIMITED SOA SCEURIA
/ (Attach additional st	nate if pagencary)

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15.	Have yo	ou eve	r filed for	bankrupto	y within	the last s	even (7) y	ears?	☐ Yes	\$ n	10	
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